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An Eulogium on William P. Dewees, M. D. Delivered before the Medical Students of the University of Pennsylvania. November 5, 1842. By Hugh L. Hodge, M. D. Professor of Obstetrics, &c. &c. Philadelphia: 8vo. pp. 58.

Dr. Dewees was of Swedish descent, his family being among the early settlers of the Delaware Bay and River, before the time of William Penn. He was born May 5th, 1768, at Pottsgrove. His father died whilst he was quite young, and left him with little property and a slender education. "He is represented by those best calculated to judge, as docile, industrious, very affectionate and amiable," (p. 8.) He commenced the study of medicine early under Dr. Phyle, a practising apothecary, with whom he remained two or three years, and then entered the office of Dr. William Smith. In the years 1787, 1788, and 1789, he attended the lectures of the University of Pennsylvania, the professors at that time being Drs. John Morgan, William Shippen, Adam Kuhn, and Benjamin Rush. At that period it was almost an universal custom to practise without a diploma; and in the summer of 1789 Dr. Dewees commenced his professional life without being a graduate, at Abington, fourteen miles north of Philadelphia.

"He was then twenty-one years of age, about the medium height, well proportioned, of a florid complexion, dark hair, rather slender make, and remarkably youthful in his appearance, so that great objections were frequently made to employing a physician apparently so very young."

The first yellow fever which desolated our city thinned the ranks of the profession, and a fine field of practice was offered, and Dr. Dewees removed to this city in 1793.

"At that period, the science of obstetrics was hardly known in America. The physicians who occasionally engaged in its practice, had received no instruction, with the exception of a few who, having visited Europe, brought home a general knowledge of the subject, but who, from the prejudices existing against the employment of male practitioners, had few opportunities and fewer inducements to perfect their knowledge. Hence, midwifery existed almost universally as an art: the aged and imbecile nurse was almost universally preferred to the physician. Women were generally the practitioners of midwifery, as few imagined any particular instruction necessary for an

attendance on labour; at least any beyond that derivable from prolonged experience. Our science, however, gentlemen, is too essentially connected with the lives and happiness of individuals and families, to remain, for a long time, in such obscurity, when knowledge and science on other subjects were elevating the character and developing the resources of the community. As the arts and luxuries of life increased, the dangers and difficulties of the parturient process increased also. Experience lamentably demonstrated that the attentions of the nurse, however experienced, were unavailing; yea, that the officious interference of ignorant practitioners in a process so wonderful and so abstruse as that of parturition, was too often productive of the most fatal consequences to the child and its mother, thus destroying the comfort and happiness of families. In such extremities, all notions of false delicacy are thrown to the winds—the cry for help arising from the emergencies of the case is imperative; but, alas, who was prepared to respond to the cry? who to render the necessary assistance? The physician who, on such emergencies, was called, was unprepared to afford relief; his former studies had been imperfect; his experience in midwifery trifling; his observation of severe cases very limited; and you may imagine the embarrassing and horrible condition in which such a practitioner must be placed, when a human being, and that a female, in agony, supplicating for relief—when to him every eye was turned—when on him rested every hope of a despairing husband or a broken-hearted mother, and he felt conscious that he ought to be able, but still could not afford the proper assistance. Such was the condition of our community some fifty years ago—such, we are sorry to affirm, is the state of many communities, in various portions of our country, at the present day—where often, very often, the cry for help bursts from the agonized bosom, and there is no suitable response from the instructed obstetrician.

What greater incitement could be offered to a young medical man, conscious of power, but sensible of his deficiencies, than such a state of things? What more extensive field of usefulness could be presented to a conscientious and philanthropic youth, burning with desire to benefit his race, than to labour for the preservation of mothers and their children during the eventful and agonizing moments of parturition?

The opportunity, thus Providentially occurring, was embraced by the subject of our address. He felt and realized his own deficiencies, but was determined to overcome them; and, in after life, reviewing the difficulties of his situation at that time, the obstacles in his progress, arising from the ignorance and prejudices of the community, the imperfect state of obstetric science, and his own deficient education, he might well adopt the language of the celebrated conqueror of antiquity—"*Veni, Vidi, Vici!*"

To attain the victory—to prepare himself for the elevated station to which he aspired—could only be effected by rendering himself equal to the emergency. He reviewed his observations, made during four years at Abington, at the bedside of his patients,—he compared these results with the experience of others: he went still further; he commenced again an examination of the foundations of his science, the fundamental principles of obstetrics; and on these he built his stable superstructure, which has, and will last, to his own credit, and to the reputation of our school, our city, and our country. He made himself familiar with the then modern authorities—the Osbornes and Denmans of England, the Levrèts and Baudelocques of France; and hence derived accurate notions of the science and practice of midwifery.

His investigations, when compared with the results of his own experience,

excited a partiality for French in preference to English obstetrics. He chose Baudelocque for his teacher; and often declared that he was indebted to this most distinguished French obstetrician, for all that he himself knew of midwifery. The disciple was worthy of his master.

Thus armed for the conflict with the ignorance and prejudices of the community—with the irregular, the uneducated, or the imperfectly educated practitioners of the art, he was ready for the emergencies that might occur. Such emergencies were not unfrequent; for, unfortunately, difficult cases of delivery were at that period the result, not only of natural causes, but very frequently of the bad and officious practice of ignorant pretenders to the art, who made that labour difficult or laborious, which, without their interference, would have been natural and comparatively easy. On such occasions Dewees was often consulted. He had succeeded in rendering himself a favorite with the midwives, by the kindness of his manner, while he maintained the supremacy of his profession in immediately taking the cases exclusively into his own hands, allowing them no further agency than as mere nurses or assistants. Still he did not run counter to their prejudices, or apparently act in opposition to their interests; hence he was frequently sent for, and a large portion of operative midwifery fell into his hands. For him, this was in every way advantageous; his theoretical knowledge became practical—his dexterity in operating, as well as his tact in the difficult art of diagnosis, was perfected; his reputation was diffused through the community, and his practice, of course, became more extensive and profitable. In a short period, therefore, after his establishment in Philadelphia, under the conjoint influences of the causes mentioned, but especially by his own real worth and decision of character, his success was complete, and he felt that he might safely enlarge his responsibilities and assume new duties, while he added to his comforts and happiness."

About this time he married the daughter of Dr. Rogers, of New England, who "was young, lively, animated, and very beautiful." Soon after her marriage she fell a victim to an acute disease. About the year 1800, Dr. Dewees commenced his career as a teacher, and was the first regular lecturer on obstetrics in our country.

"He again determined to seek the advantages and pleasures of domestic life, and in the year 1802 became united to his second wife, Miss Mary Lorrain, daughter of John Lorrain, long a respectable merchant in Philadelphia. In this connection, he was greatly blessed: Mrs. Dewees was preserved in health and strength as the partner of his prosperity and adversity, enjoying with him the innumerable favours which Providence, in the course of a long life, had abundantly bestowed, and sharing with him those painful reverses that occurred in the latter periods of his life. By this marriage, Dr. Dewees became the father of eight children—three daughters and five sons—most of whom survive him."

On the 11th of April, 1810, the Board of Trustees of the University of Pennsylvania erected a separate Professorship of Obstetrics, the chair having heretofore been merged in that of Anatomy and Surgery, held by Dr. Shippen, and being, in fact, merely nominal.

"The struggle for the new chair in the University was very warm, and the claims of opposing candidates, and the influence of their respective friends, rendered the event doubtful. The strong claims of Dr. Dewees, his talents, his industry, his attainments, his dexterity, boldness, decision, and judgment as a practitioner, his great success in the practice of his art, and as a teacher of its principles, his popularity, supported by the strongest testimonials from many of the distinguished men in the profession, including Rush and Physick, were met by analogous claims of opposing candidates, Dr. James, and Dr. Chapman.

On the 29th June, 1810, the decision was made by the election of Dr. Thomas C. James to the new Professorship, the first in this country.* This disappointment to the long cherished hopes and expectations of Dr. Dewees was certainly great, but involved no loss of character, as the most ample testimony was borne as to his qualifications and character, and the public confidence in his skill was entirely unabated. It could only be said that his influence with the Board of Trustees proved to be weaker than that of his rivals."

His devotion to the arduous duties of his profession, " loss of sleep, irregular hours, laborious occupation, and continual mental and moral excitement," impaired his health, and he was threatened with a pulmonary affection, and was induced, by the tempting offers of successful pecuniary investments, to remove to Phillipsburg, Pa. His health was restored, but his property was lost, and he returned, in 1817, to the city, with a large family, and very needy.

" His immediate wants being supplied by the kindness of professional friends, he resumed his private course of instruction to medical students on midwifery, and the practice of his profession. He soon became connected with Drs. Chapman and Horner in conducting that system of private instruction, which for years has been, most advantageously, conducted in our city, under the denomination of the Medical Institute of Philadelphia, founded originally by Dr. Chapman, about the year 1817, and which yet flourishes under an enlarged and efficient organization. To its success Dr. Dewees greatly contributed, from the period mentioned until 1832, when age, and other pressing circumstances, induced him to resign."

It was about this time that he commenced recording his experience, the fruits of which were the publication of several volumes, whose admirable practical worth will be acknowledged by the American practitioner. No American physician was better known or more appreciated abroad than Dewees, and that chiefly through his writings. On the 15th Nov., 1825, he was appointed adjunct professor to Dr. James, in the University of Pennsylvania, whose declining health demanded assistance.

* This appointment was made with the understanding that Dr. Chapman should assist the Professor in his lectures,—receive half of the emoluments, and, on the occurrence of a vacancy in the University, be appointed to fill the vacant chair. All these conditions were fulfilled—and, on the death of Dr. B. Rush, in 1813, when Dr. Benj. S. Barton was appointed his successor, Dr. Chapman received the unanimous vote of the Trustees, as Professor of Meteria Medica and Pharmacy.

"Dr. Dewees, on his entrance into the University, was fifty-seven years of age, in full possession of his mental and corporeal faculties. His figure had spread considerably,—so that he could be termed portly,—while he maintained a comparatively youthful appearance, from his florid complexion and dark hair, still without the silvery gloss of age. The duties of the professorship gradually devolved more and more upon him as Dr. James declined in health, and were discharged in a manner very acceptable to the students. Of course, there was no great display of eloquence or erudition in his lectures, but he was always clear, decided, precise, and minute in his directions; speaking in rather a conversational style, with the promptitude and confidence of a man who had formed his own opinions by his own observations, and illustrating all that he taught by a rich fund of cases and anecdotes, drawn, in a great measure, from what he had himself witnessed. Such a teacher could not be otherwise than interesting, and, from the whole character of his mind, with its endowments, natural and acquired, you may readily conclude, he must have been exceedingly valuable. His popularity was great, and his usefulness became thus greatly extended; his pupils distributing his fame, as well as his valuable instructions, through the extent of our country."

In February, 1834, a slight accident changed this career of prosperity. The necessary confinement induced apoplexy, but the alarming symptoms soon yielded under the management of Drs. Chapman and Hays. In the autumn of the same year, Dr. James resigned the Chair of Obstetrics, and Dr. Dewees was unanimously appointed. The duties of the ensuing winter were, however, too severe, and on the opening of the course of 1835–'36, it was evident that he would be unable to continue the lectures. We well remember the reluctance of the class to acknowledge this melancholy fact, and how they all clung to the hope that something might occur which would prolong his connection with the school. All was, however, in vain; and when the inevitable resignation was announced, never was genuine regret more sincerely felt, or more warmly expressed. A subscription was immediately set on foot for the purchase of a magnificent vase; and on the 25th of November, 1835, the beloved professor took leave of a class, the older members of which were parting with a friend and preceptor, who was accustomed to pour forth his valued lore, with a happy fluency and apt illustration, which sent away his hearers charmed and instructed by his talents and acquirements, and won by his amiable and affectionate disposition. The parting scene was too trying to the shattered system of the illustrious sufferer, and his venerable colleague and well-tried friend, Professor Chapman, bade farewell in his name. He embarked immediately for Havana, and from thence went to Mobile, where he resided until March, 1840, when he returned to this city, and died, May 22, 1841.

"In the practice of obstetrics, the boldness and decision of Dr. Dewees was of vast importance. There was no rashness in his efforts, because he took the essential precaution of studying the science of midwifery, before he ventured on the difficult points of practice. He imbibed the best principles from

the best teacher—Baudelocque of France,—and thus furnished, he had no want of confidence in himself, or his art, in any emergency. He never drew back and allowed his fellow beings to perish, when the means of relief were at command, for fear of danger or responsibility. All that could be done was done, and well done; and I have the authority of my now venerable colleague, Dr. Chapman, the fellow labourer of his friend, Dr. Dewees, for declaring, that no man was a better or more successful obstetric operator than Dr. Dewees, especially in the use of the forceps. The consequence has been, that not only did our predecessor accomplish a vast amount of good himself by means of operative midwifery, but he has, by his example and his instructions, vindicated this branch of the profession from the reproaches of the timid or ignorant practitioners, who were so terrified by the horrible consequences of mismanaged labours, as to dread the employment of artificial measures, even in cases of acknowledged difficulty. The daughters of America, in this respect owe, and will always owe, an immense debt of gratitude to their true friend—Dr. William P. Dewees.

"But, gentlemen, you will hereafter find, that something more than mere talent and force of character is demanded to insure success as practitioners of medicine, particularly for those whose attention is devoted to the sufferings and diseases of the more delicate portion of the human family. The qualities of the heart must be superadded to talent and wisdom. In this respect, Dr. Dewees was not deficient; although not remarkable for polish of manner or refinement of character, he had warm affections, became deeply interested in his patients, sympathized with their sufferings, and, by the kindness of his manner and the earnestness of his attentions, impressed them with the belief, that all the energies of his character, and all the resources of his profession were devoted to their relief. He was peculiarly happy in his conversation with his patients: having a cheerful, pleasant disposition, and an abundant supply of pleasant information, he beguiled the hours of suffering, and rendered his presence acceptable as a consoling friend, as well as an efficient physician. He was, therefore, greatly beloved by those who depended on him for relief. Following him, as I have done, in his practice in this city, it has been a gratifying circumstance to listen to the praises of one who, while he occupied the elevated position which we have described, would bend to the voice of suffering humanity, and pour consolation and peace into the hearts of those who were looking to him for deliverance from corporeal sufferings. He was an amiable man, although endowed with strong feelings and a quick disposition, which would occasionally be manifested, like the lightning's flash, he never bore enmity, and soon returned to the enjoyment of the kindlier feelings of his nature."

On the Mutual Relations between Anatomy, Pathology, Physiology, and Therapeutics and the Practice of Medicine. Being the Gulstonian Lectures for 1842. By MARSHALL HALL, M. D., F. R. S. L. and E., Fellow of the Royal College of Physicians, &c. &c. Illustrated by three engraved Plates. London: 1842. 8vo. p. 86.

Dr. Hall thinks that a strong prejudice exists, both in the public mind and in that of the profession, against the study of anatomy and physiology. It is mentioned by the biographer of the celebrated Dr. Baillie that his friends

feared that his prëeminence in anatomical knowledge, instead of establishing his fame as a practitioner, would absolutely not only impede but frustrate his prospects. To remove a prejudice so unjust, and so injurious to medical science, is the object of the present lectures; and this is to be done "by demonstrating that the physiologist alone can become the truly able practitioner—that *science* alone, properly pursued and applied, and not what has been fallaciously and, I fear, too often insidiously denominated *experience*, can lead to a just diagnosis, unfold the nature of disease, suggest new remedies, and guide us in the just employment of the old," (p. 2.) Numerous examples might be adduced of the most eminent physicians formed in anatomical and physiological schools: Hunter, Heberden, Baillie, Sir Benjamin Brodie, our author himself, and a host of others equally distinguished. "Every day physiology becomes a more certain science, and more a science of phenomena and principles. Theory is taking the place of hypothesis; experiment and observation, of conjecture. Every day, too, the bond which unites the science of physiology and the practice of medicine is drawn tighter," (p. 8.) A treatise on the subject of these lectures, in which each principle is illustrated by a fact,—an observation or an experiment,—would be of incalculable benefit. Such a treatise, Dr. Hall informs us, he has projected and still expects to execute, in which hope we fervently join.

The principal subjects treated of in these lectures, are:

1. The comparative importance of ingestion and egestion in a physiological and pathological point of view. 2. The application of the principle of the diffusion of gases to the physiology of respiration, first developed by Professor Graham; and to the pathology of this function, or asphyxia. 3. The single, but diplo-cardiac circulation in man, with its application to the pathology of the "arrière" (?) circulation in certain diseases. 4. The coronary circulation, as implying the necessity of the conjunction of the systemic and pulmonic hearts, and as explaining the occurrence of certain cases of sudden death. 5. The condition of the blood in asphyxia, anemia, chlorosis, euthismus, &c., and in relation to sudden death. 6. The two-fold method of operation of remedies and poisons, and of both internal and external agents generally, in different instances, through the *nervous* and *vascular* systems.

These lectures strike us as rather elementary for the character of the audience before whom they were delivered, and, though containing certainly a share of the acute thought and enlightened experience of the eminent author, have much also that is trivial and unsound—much hasty and unwarranted generalization. The introduction of whole pages of French must frequently have proved rather puzzling and wearisome to his auditory, and is of very questionable taste.

ANALECTA.

Dr. DONNÉ, in his late work, "*Conseils aux méres*," indicates the means by which we may detect, by microscopical examination, the fact of masturbation in young children, without exciting any suspicion on their part, and avoid the necessity of personal inquiries. The urine of children addicted to this vice, contains, even before the age of puberty, certain matters which observation reveals to us, when care is taken to obtain it a short time after the child has abandoned himself to this fatal habit. This fact can be ascertained, not, as will be readily imagined, by the presence of spermatic animalcules, but by the existence of a certain quantity of mucus, coming either from the prostate or from the vesiculæ seminales, mixed with chrystals of the oxalate of lime in greater or less quantity. The presence of this substance in urine, which contains some one of the elements of the semen, is so constant a phenomenon that by it we can diagnosticate seminal emissions in the male, when the essential signs are wanting. This fact is seen in children. Attention, however, must be paid to the diet at the time; the use of sorrel, for example, is capable of producing in every one the formation of similar chrystals in the urine; but in this case it is an accidental phenomenon, and one which it is easy to take into account.

Dr. BOUILLAUD, the distinguished professor and physician of La Charité, at Paris, whose election to the Chamber of Deputies we noticed some time since, lost his seat by some informality in the proceedings. He has been lately rëelected for Angoulême by a majority of forty-six votes.

Hysteria, Catalepsy, Metastasis of Hearing, &c.—A young unmarried girl, whose health had been long delicate, became subject to violent hysterical fits, in consequence, it seemed, of the irritation produced by a seton in the side, which had been inserted for the relief of obstinate pleuritic symptoms. The fits usually came an hour or two after eating. On one occasion she entirely lost her power of speech, so that she could not articulate a single word—this state lasted for three days, and then the speech returned after an hysterical seizure. Not long afterwards, she experienced her first attack of distinctly-formed catalepsy; and from this period the paroxysms of this disease, and of hysteria generally, recurred several times in the course of twenty-four hours, the one alternating with the other. While she was in the cataleptic state, there seemed to be a complete insensibility of the entire surface of the body, so that it might be pinched or pricked without causing pain;—the limbs and body retained whatever position they were placed in; the movements of breathing were almost quite imperceptible; the pulse at the wrist could scarcely be felt at all, while that at the heart was exceedingly feeble and indistinct. This state sometimes lasted for one, two or three hours at a time, the patient however not remaining all the time in this death-like repose; for every ten or fifteen minutes she would cough once or twice, and then a movement of

some part of the body followed, or she would even suddenly start up, leap out of bed, climb upon a chair or table, &c. and there perhaps assume an attitude that was "ordinairement fatigante," but yet "toujours gracieuse:" her features on such occasions always wore an air of "douceur et satisfaction." In this state she would remain until a fit of coughing came on, or till she was removed to bed by her attendants. One curious circumstance in this, as in other cases of somnambulism, is, that although the eyes be quite closed, the person avoids with the greatest nicety any impediments in their way, and perform feats which they would not even attempt to do in their waking state. On one occasion she rushed to the window, opened it, and was on the point of throwing herself out, when she fell into a cataleptic paroxysm, with one foot out of the window, and the other resting on the ground: in this position she remained until she was replaced in bed.

The cessation of each cataleptic fit was always indicated by the return of the respiratory movements, which gradually became more and more decided, until the patient opened her eyes and recovered her intelligence.

During one of these attacks, Dr. Duvard observed, that when he applied his hand to the epigastrium, the countenance of the girl gave expression of decided suffering, and to his surprise he found that if he applied his mouth to this region,—or, as subsequently was the case, to the soles of the feet or to the palms of the hands,—and spoke to her, she answered questions with perfect correctness, although she appeared deaf to any auditory impressions on the ear itself. It was not even necessary that the mouth should be applied directly to the *impressionable* parts; the intervention of a stick or of a rod of iron, &c. the one end of which was applied to the epigastrium or to the palms or soles, and the other end to the lips of the speaker, did not at all prevent the patient from hearing what was addressed to her, as her rational answers to any questions put in this manner abundantly testified. Dr. D. confesses that he had often read of similar occurences as this in books, but that he never felt inclined to attach any credit to the reports of them till he met with the present case. . . . .

"There was no sensibility in the integuments of any part of the body, except of the epigastrium and of the palms of the hands and the soles of the feet. The skin might be pricked or pinched, the hair might be pulled out by the roots, the nostrils might be irritated, &c. without the patient exhibiting any symptoms of pain or uneasiness. But if the epigastrium, or the palms or the soles were even tickled gently with a feather, she immediately drew back, and her features indicated that something offended her. When the ball of a charged Leyden jar was applied to any of the sensitive parts, she at once made a violent start, and sometimes awoke up in a moment; but, strange to say, she remained quite motionless and passive even when the jar was discharged upon any other part of the body. (!)

"The senses of taste, too, and smell were singularly perverted as well as that of hearing. The most pleasant or the most nauseous substances might be placed upon the tongue, and the nostrils might be stuffed with assafœtida or tobacco, or irritated with hartshorn or æther, without apparently any sensation being excited; but if any sapid or strongly odourous substance was placed upon or approached to any of the sensitive regions, the countenance of the patient at once indicated that she was aware of it, and, if questioned, she answered at once whether it was pleasant or not, and could even sometimes tell the name of the substance used. When snuff was put upon her

hand, she at once began to sneeze, although it produced no effect when pushed up the nostrils." (!)

There was, however, no transport of vision, nor yet any *clair-voyance*, with Mademoiselle Melanie.

Dr. D. subsequently lost sight of his patient; but he heard that the hysterical and cataleptic attacks had become much less frequent and severe than formerly. All medical treatment seemed to have been quite unavailing.—*Med. Chir. Rev.*, Oct. 1842, *from Gaz. Med.*

Remarks.—Cases like the preceding are certainly very *droll*, to say the least of them; and it will certainly puzzle the most knowing savant of the present day to account for some of the phenomena which they exhibit. There is one way, indeed, of solving the difficulty, and that is to deny *in toto* all the alleged facts, and to call all such statements by the very comprehensive appellations of *humbug* and tomfoolery.

But be it remembered, that excessive incredulity may be quite as ridiculous as extravagant credulity. It is no good reason why we should utterly disbelieve any alleged fact, because we cannot explain its occurrence, or because certain circumstances or phenomena connected with it seem at variance with our ordinary experience. There are so many mysteries in the phenomena of life, which are, and will probably always be, utterly inexplicable, that it is no easy thing to say where our belief is to stop. Far be it from us to lend a complacent ear to the extravagancies which have been so absurdly exhibited of late years on the subject of animal magnetism: they are too ridiculous to last but as a "nine month's wonder;" but this is no sufficient reason for flatly denying, or smartly ridiculing, the reports of all such cases as the preceding one.—*Rev.*

Structure of the Lung.—At the Academy of Sciences, Paris, on the 19th September, 1842, M. Bourgery read a memoir on the relation which exists between the structure of the lung and its functional capacity in both sexes and at different periods of life.

The author first gives the measurements of the minute pulmonary apparatus in the adult, and then passes to the microscopic examination of its texture at different periods of life. He shows that the developments of the æriel and sanguineous capacities of the pulmonary apparatus is much influenced by age, appearing to be in inverse proportion at the two extremes of life.

In infancy the vascularity and æriel capacity of the lung are very great, and this, perhaps, may occasion the extreme plasticity of the blood at this period.

The great energy of the respiration, arising from the full but equal development of the sanguineous and æriel systems, is characteristic of adolescence, and manifests itself by the rich qualities of the blood peculiar to puberty.

In the adult the respiratory apparatus remains stationary for some time, but as years go on the air-cells partially give way, and the blood-vessels become obliterated, and old age ensues with its feeble and impoverished circulation.

From these facts the author thinks that, in a general point of view, man, at his different periods of life, presents an analogy to the two classes of vertebrate animals in which the extremes of the respiratory functions are observed.

As he approaches towards puberty the lung is gradually developed, and offering every year larger and larger surfaces to the air, gives rise to a function similar to that of the bird. In old age, on the contrary, the lung is gradually broken up into air cavities of increasing magnitude, while the circulation is diminished in the same proportion; and thus the respiration, both in its real capacity and in the structural changes of the organ effecting it, assumes the characters peculiar to reptiles.

Aphthæ of the Neck of the Uterus.—M. Conté lays down, in a memoir addressed to the academy, that aphthæ of the neck of the uterus, though not described by writers, is a very frequent affection.—***Prov. Med. Jour.***, Oct. 8, 1842.

In the Provincial Medical Journal, of Oct. 29th, a case of Ununited Fracture of both bones of the leg, successfully treated by friction and the starch bandage, is reported:

"The limb being firmly grasped with both hands, the fractured ends were made quickly, but not roughly, to rub upon each other, the action being continued for the space of two or three minutes. This produced a very considerable degree of pain, which was ill borne by the patient. The limb was then simply placed upon a pillow, and nothing more done till the following morning, when the same process of attrition was repeated, and continued on the two succeeding days. The ends of the bones were then adjusted, and encircled, herring-bone fashion, with strips of soap plaster, and an eighteen-tailed bandage applied, being previously well starched. Strips of linen, two or three times doubled, and about two inches in breadth, soaked in the same ingredient, were placed longitudinally on its outside and anterior aspect. The limb then received an additional support above and below by a wooden splint, the whole being ultimately secured with tapes. At the end of two or three days it became so completely encased, that no movement of the patient could in any degree disturb the adjusted ends of the bones. The apparatus was not removed until the end of six weeks, when, upon examination, it was found that union had taken place. The limb continued weak for a considerable time, and at the end of about ten weeks he was so far enabled to bear weight upon it, as to allow of his crutches being laid aside, and walked with the aid of two sticks."

Academy of Sciences, Paris, October 10, 1842.

M. Civiale on Stricture of the Urethra.—In this memoir the author examines the following questions:—What is the organic lesion which constitutes stricture?—what the effects of neglected stricture?—and what the inconveniences resulting from the modes of practice described in surgical works? The answers which M. Civiale gives to the above questions are:

1. It has been generally laid down, that stricture of the urethra depends on some accidental production developed on the lining membrane of the canal and diminishing its calibre, and it has been proposed to destroy this production. I have shown that instead of being seated in the lining membrane, the diseased condition exists underneath the mucous membrane, which remains healthy; hence, the usual modes of treatment adopted are faulty, inasmuch as they

cannot reach the seat of the disease without destroying the lining membrane of the urethra.

2. Stricture was commonly supposed to occupy the membranous portion of the urethra much more frequently than any other part. I have shown that the disease is rarely, if ever, seated in the membranous portion, and, consequently, that caustics or cutting instruments should not be directed to this part of the canal.

3. Hitherto the same mode of treatment has been applied to stricture, without any regard being had to its seat; but I have shown that the mode of treatment should vary according as the stricture may occupy the meatus, the spongy portion, or the sub-pubic curve—the three most frequent seats of the disease.

4. The attention of surgeons has been chiefly directed to the alterations which take place at the strictured point itself; but I have shown that these are of secondary importance, and that the changes which take place *behind* the seat of the stricture are infinitely more deserving the attention of the practitioner. These are chronic inflammation of the urethra, neck and cavity of the bladder, ulceration, abcess, infiltration of urine, dilatation of the membranous and prostatic portions of the urethra, and of the prostatic and seminal ducts; in a word, a long catalogue of affections implicating the prostate and neck of the bladder, and requiring the utmost attention of the surgeon, though too often neglected for the original disease which occasioned them.

October 17, 1842.

M. Retsius on the Structure of the Teeth.—According to the author, the teeth of man and the mammalia are composed of three substances—viz., enamel, ivory and cortical substance; these are also found in the teeth of several amphibious animals and fishes.

The ivory contains tubes and cells which communicate with each other, and are identically the same as the small canals and cells which constitute so important a part in the organization of bones. The ivory tubes open towards the cavity of the pulp, in a radiated manner; several of them are, however, parallel, and they send out ramuscules on all sides, extremely fine, forming numerous reticular anastomoses, and terminating in the cells. The thickness of the principal tubes varies from 1-400th to 1-1000th part of a line. As the tubes subdivide, this thickness diminishes, and the minute ramifications are much thinner. The cells and minute ramifications of the tubes finally disappear, but it is probable that those which appear under the microscope, form only a small portion of what really exists in bone.

The ivory is deposited in layers round the surface of the pulp, the external layer being the one first formed, and so on. While this deposition is taking place, the external cells and the peripheral extremities of the tubes are formed; and as the successive layers of ivory are deposited, the tubes become continuous from one layer to another, in such manner that the successive segments of tubes form at last one uninterrupted canal. It would seem that the numerous parallel undulations of the tubes are occasioned during their passage from one layer to another. To explain this, we must admit a periodical movement in the pulp, by which the nascent tubes are at one time carried towards the end of the crown, and at another towards the extremity of the root of the tooth. The finest and most numerous undulations depend on periodical movements of short duration; the more extensive ones are produced by changes in the situation of the pulp, which occur at much longer

intervals. The mode of formation of the ivory is analogous to that of bone, and the similarity is greater than might at first sight be imagined; there is, however, this difference, that in the ivory of a tooth it is the external layer (*couche extreme*) which is first formed, while in bone the same layer is formed last around each medullary filament.

The organisation of the enamel is much more simple; it contains neither blood-vessels nor osseous tubes, but somewhat resembles in structure the crystalline lens. The enamel is probably nourished by imbibition of an organic fluid carried by the ivory tubes, and transmitted through a thin membrane, which probably surrounds the different cells. In some animals the formation of enamel is not confined to the dental follicle, but continues during the whole period of life, through the medium of a small annular apparatus, which envelops the root of the tooth.

The corticle substance exists in the teeth of most mammiferous animals, and even of amphibious animals and fishes. It is peculiarly rich in cells and osseous tubes, which are generally very irregular. in some animals (the elephant, horse, ox) it is formed principally inside the dental follicle, but in others it is formed, during the whole period of life, by the membrane which envelops that portion of the tooth enclosed in the alveolar process. The ivory, as has been said, is deposited in layers from within outwards, the most external being the first formed; the corticle substance, on the contrary, is formed in an opposite direction, the external layer being the one last deposited. ***Prov. Med. Jour.***, Oct. 29, 1842.

Concrete Naphtaline in Psoriasis.—Dr. Emery, of the hospital St. Louis, had his attention turned to the investigation of the different products of tar as remedial agents in the treatment of skin diseases, on account of the successful results he obtained from the use of tar, and because of the unpleasant odour it gave forth. Various preparations were had recourse to, the most valuable of which proved to be the concrete naphtaline, which Dr. Emery tried in fourteen cases. In two cases, one of psoriasis gyrata, and the other lepra vulgaris, it failed in effecting any good; in the remaining twelve it proved more serviceable. Eight of these were men and four women. In two of the cases, lepra vulgaris of from fifteen months to two years' duration, arsenical and iodic preparations had been previously tried; in the younger patient the arsenic at first seemed to do good, but the improvement soon ceased. An ointment prepared with two scruples of concrete naphtaline to thirty of lard was applied, causing the scales to fall off, leaving the skin of a violet colour, with white circles around. A perfect cure was effected in six weeks, and although three months have passed since, there has not been any relapse. In four other cases the men were labouring under inveterate psoriasis; in one of them it had existed sixteen years, and had resisted arsenical, iodic and mercurial treatment. The tar ointment was had recourse to, and with decided advantage; but the man becoming impatient on account of his business, an ointment of naphtaline, twice the strength of that used in the preceding cases, was spread on compresses, and applied over the diseased parts night and morning. The man was cured in six weeks. When the ointment was applied too strong, it caused a burning heat, which was soon removed by emollient baths and poultices. The other six cases were also instances of psoriasis cured by the naphtaline ointment. Dr. Emery states that this remedy has an unpleasant odour, which soon passes off, and it is

apt to irritate the skin and cause erysipelas, if it be not carefully watched.—*Ibid, from Bullétin de Thérapeutique*, July, 1842.

Hydropathy.—M. Scotoutten, of Strasbourg, has received a commission from the French government to visit the hydropathic establishments of Germany, and report on the real merits of the modes of treatment therein practised.—*Prov. Med. Jour.*, Oct. 29, 1842.

Hints on the Management of Infants.—There is so much good sense in a great part of M. Donné's work, that we have been tempted to make several extracts from it, or rather to put upon paper our own ideas on the same subjects, and blend them with those of our author. There may be no novelty in them; but they are not for this reason the less useful.

Let us, for the present, take one point connected with the *feeding of infants.*

Whatever be the age of the infant, it is always of great utility that the food be given at regular periods, as nearly as possible equi-distant from each other, so that the stomach of the young creature is neither left too long empty, nor oppressed and unnecessarily loaded. A sufficient interval of time must therefore be allowed to elapse after each repast, to enable it to be digested and then discharged from the stomach, before another be given. To put fresh food into the stomach, while it is still more or less filled with what had been taken before, is inevitably to disturb the process of assimilation, by which the food is converted into chyle, for the nourishment and growth of the body.

Now this very simple circumstance—so simple that the experience of daily life dictates it, and withal so important that the health cannot be maintained without due attention to it—is, strange to say, very seldom attended to in the rearing of infants. How generally do we observe, that instead of giving food to them only at regular and stated periods, no sooner do they begin to cry, than they are immediately applied to the breast, although, perhaps, not half an hour had elapsed since they had had it to their little heart's content. It surely needs not the authority of a medical man to assure any one that such a practice cannot be wholesome or right.

We might derive a useful lesson on this point by watching the conduct of the lower animals towards their young. We do not, for example, observe that the cow will allow the calf, or the sheep the lamb, to be tugging at the teat, whenever the young creature seems to wish it. It is only now and then, and at certain intervals, that they are allowed to satisfy themselves with the "milky food." We may be assured that nearly the same law applies to all animals, and that what holds good in the case of the calf and of the lamb, holds good of the human infant also.

In one respect only have the dumb creatures in our fields the advantage over us, and it is this: with them, *instinct*—that truly marvellous gift of an all-wise and beneficent Creator—is an unerring guide, while man's boasted *reason* is, alas! often either asleep, or is leading him astray.

But it may be asked, how often then should the infant have the breast? The following few directions will, we think, suffice to direct our readers on this very important question. The younger that the infant is, the more frequent is the desire, and necessity for food. During the first weeks of life,

the breast may be given every two hours or so in the day—less frequently at night. As to the quantity which the child should have at each time, the nurse will, as a general remark, find that it may be allowed to continue sucking until it is satisfied. When once this is the case, all that is given afterwards is only oppressive to the stomach; and it is well known that the little creature usually gets rid of the superfluity by bringing it up. When the child is very weak, it may be necessary to give the milk more frequently, and in smaller quantities at a time; but in ordinary cases an interval of about two or three hours should be allowed to elapse between each meal.

The child should, however, seldom be awaked for the purpose of giving food. It is an old saying, that "a sound sleep is almost as nourishing as a full feast;" and the remark is especially true of infants. They require a great deal of sleep, and they are always refreshed and strengthened by it. As long as a child sleeps, we may rest pretty well assured that nature does not need any fresh supply of food; and therefore to disturb it merely because the regular period, at which otherwise it would have been applied to the breast, has arrived, is not only unnecessary, but hurtful. The exceptions to this remark occur very rarely indeed, and then only in the case of infants who are exceedingly weakly, and who should therefore be regularly seen by a medical man, as no general rule can be laid down that will be applicable to all.

It may be worth mentioning that, in not a few instances, the power of the nurse's milk seems to have something to do with excessive drowsiness of the infant. Nature appears to endeavour to compensate for the deficiency of nourishment by an extra allowance of repose. In all such cases, therefore, the medical man should satisfy himself most accurately on this point, more especially when the child is suckled by a hired nurse—who, it may be supposed, always tries to make us believe that her milk is both abundant and good. There is a simple rule which will very seldom misguide us, it is this: if the child does not thrive properly, and yet sleeps a great deal, we may feel pretty confident that the food administered is not sufficiently nutritious, and therefore that some change in the diet is necessary.

The frequency of suckling should be diminished after the sixth or seventh week, or even earlier, in the case of robust, hearty children. Once every three hours is then quite sufficient, provided the milk is duly nourishing, and the infant be allowed to satisfy its craving at each time. At the end of the third month, the breast need not be given oftener than every four hours; and so on successively, an extra hour being added to each interval after every additional month or six weeks of life. By following this system, not only is the health of the infant best consulted, but the convenience and comfort of the nurse will be greatly promoted.

How many a mother, from an overflowing affection, devotes almost every hour of every day to watching over her beloved child! She is unwilling to leave her home for even a few hours, from fear of it suffering for want of the breast while she is away. Now this is just one of those errors, which it is the leading object of M. Donné's work to endeavour to get rid of, both for the mother's and the child's sake. If the latter be accustomed from its birth to have food only at stated regular times, it is altogether better, in every respect, that in the intervals the nurse be away, and the child be left in the care of another person. We have already explained how much the condition of the milk is affected by the state of the general health, and how necessary it is for the maintenance of this, that the nurse should take regular out-door

exercise, and that her mind be kept in an equably cheerful state. Now, how can these advantages be obtained, if she be, continually, from morning to night, with her child? Another great evil of the nurse being too much with the infant, is, that the latter, by the mere smell of the milk being constantly presented to it, is often induced to desire food when it certainly does not require it, and when, therefore, it would be much better without it.

This, it has always appeared to us, is one of the greatest disadvantages attending the nurse being too much with the infant—at least until it has been accustomed not to seek for the breast, except at stated intervals. And nature is so flexible, at this early period of life, that this most desirable end may easily be gained by adopting a judicious plan from the commencement.—*Med. Chir. Rev.* October, 1842.

Onyxis.—The diseased lateral growth of the nail of the great toe, when it presses into the surrounding soft parts, and causes a fungous granulation to spring forth, is nearly as painful as the operation usually adopted for its cure. M. Payan, the principal surgeon of the Hotel-Dieu, at Aix, in an essay on caustics, which recently gained the prize offered by the proprietors of the "Bulletin de Thérapeutique," advises the application of the Vienna paste to that portion of the matrix of the nail, which corresponds to the part involved in the vicious growth. The adjacent parts are to be protected by adhesive plaster. By the destruction of the matrix, the reproduction of the diseased nail is prevented. The Vienna paste is the potassa cum calce, prepared with six parts of quick lime and five of pure potass.—*Prov. Med. Journ.*, Oct. 22, 1842.

Death of M. Hourmann.—We have to announce, with regret, the death of M. Hourmann, physician to the Female Venereal Hospital at Paris. M. Hourmann was a young physician of very high promise, and had recently received, as the reward of his labour, the decoration of the Legion of Honor. About twelve months ago he inoculated his finger with venereal matter, while dressing a woman laboring under syphilis; secondary symptoms set in; the bones of the head were attacked, and M. Hourmann sunk under the disease. —*Ibid.*

Dr. James Johnson's Portraits of the Medical Lecturers of London.—The uninitiated might suppose that the lecturers, as a class, were fat monopolists, gorged with fees, and accumulating fortunes. To those who know *the facts* this is positively laughable. Such are the expenses, that some get *nothing*, many get *next to nothing*, most get *very* little, and *very few* receive what can be considered an ample recompense. As for the bulk of the lecturers, one has only to *look* at them to laugh at the idea of their being rich,—*lean, hungry-looking chaps*, with high cheek-bones, *white* complexions, and somewhat *rusty* coats.—*Ibid, from Med. Chir. Rev.*, October, 1842.

Statue of Bichat.—An iron statue in memory of this distinguished physiologist is about to be erected in one of the squares of Bourg. The work is entrusted to M. David, of Angers.—*London Lancet.*